ease. Another radioisotope technique is that of myocardial imaging obtained several minutes after intravenous administration of radioactive substances, such as cesium and potassium, which quickly concentrate in normal heart muscle and remain there for a few hours. Ashburn showed that, as the result of non-pickup of these radionuclides by infarcted myocardium, necrotic areas are detected as filling-defects on the cardiac scintillation picture. Further, since ^{43}K is not concentrated in areas of ischemic heart muscle, these regions can be detected by comparing cardiac images obtained with this isotope before and following treadmill exercise. In the future it may be possible to contrast viable muscle with infarcted tissue, since certain radionuclides such as gallium and technetium-labeled tetracycline appear to be preferentially concentrated in infarcted myocardium.

It is clear that recent advances in non-invasive techniques have already contributed greatly to clinical cardiology and there is considerable promise of extension of these exciting developments in the future. Certain of the new non-invasive methods even appear to be capable of providing more accurate information than invasive examination, such as some of the measurements obtained by echocardiography, while other non-invasive techniques serve as valuable screening tests for the identification of patients who should undergo more precise assessment by cardiac catheterization.

DEAN T. MASON, MD
Professor of Medicine and Physiology
Chief, Cardiovascular Medicine
University of California, Davis,
School of Medicine

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Can Standardized Medical Care Really Be Humane?

AS A NATION we have just embarked upon a massive Congressionally mandated effort to develop and apply professional standards for medical care. Also as a nation we have embarked on a massive effort to assure that medical care will be dignified and humane for everyone regardless of social, economic or political circumstance.

The professional standards now being considered under the Congressional mandate are somewhat at variance with traditional professional standards in medical care. There is reason to believe that they are to be more a convenience to the government for purposes of insurance payment control, rather than for any particular benefit for the consumer or patient. Traditional professional standards, on the other hand, have addressed themselves to assuring appropriate care of high quality administered with human concern to meet the needs of an individual patient. The emphasis was always on what was good for the patient. It is noteworthy and now to be emphasized that the concept of professional standards has been given an additional meaning and an additional purpose. The new meaning and the new purpose will bring about some kind of standardization of medical care which no doubt will have to meet at least some of the requirements of the federal bureaucracy and its computers; and the question is whether this standardized medical care can or will really be humane—that is, responsive to human needs and personal dignity. Medical care must be of high quality and it must also be flexible if it is to meet the human needs. In a very real sense it abhors standardization, just as bureaucracies and computers abhor flexibility.

Under Public Law 92-603 the medical profession is being given a chance (until 1975) to show whether or not it can bring its traditional professional standards for good patient care, which are oriented toward the application of medical science and technology to meet patient needs on an individual basis, somehow into satisfactory relationship with the kind of standards which the govern-

ment requires to authorize payment of public funds and to curb excessive expenditure of these funds. In this situation where there are two conflicting aims to be rationalized, government must and will press for some kind of acceptable standards and medicine should press for appropriate recognition of human values and for the humane aspects of medical care for any and all persons. Government should respect this primary concern of medicine, and medicine should respect the need of government for some reasonable standards of quality and service for its administrative guidance in paying for care from the taxpayer's pocket.

The question whether standardized medical care can really be humane therefore remains to be answered. In the development and application of the new mandated standards, it is up to physicians to espouse the cause of dignified, compassionate and personalized care which will be flexible enough to meet human needs as well as sound in scientific and clinical criteria. Success will not come easily. It will take a bit of doing, and only practicing physicians and the organized profession can do it. This is a clear duty in the interest of our patients, our patients to be, and the public.

—MSMW

CORRECTION

IN THE ARTICLE "Pyogenic Vertebral Osteomyelitis in Heroin Addicts," which appeared in the July issue of CALIFORNIA MEDICINE, a mistake in editing reversed the distinction between Gram-negative and Gram-positive organisms.

The error, on page 4, is in the paragraph beginning "Because of the wide variety . . . "

The second and third sentences in the paragraph should have read: In osteomyelitis due to Gram-positive bacteria, a bactericidal antimicrobial agent should be used whenever possible. The Gram-negative organisms encountered in these infections are frequently resistant to many antimicrobial agents, including the few clinically useful bactericidal agents.